



Date: \_\_\_\_\_

Child's First Name:	Child's Last Name:
Date of Birth:        /        / Age in Sept. 2026:	Child is: Male / Female Child's ID:
MOTHER Name: Occupation: Email address: Cell phone:	FATHER Name: Occupation: Email address: Cell phone:
Address:	
Names & ages of siblings:	
Child's present state of health:	
Does your child take any medication regularly? Yes / No (If yes, please specify):	
Does your child suffer from any allergies to food or medication? Yes / No (If yes, please specify):	
Does your child have any likes, dislikes, fears? Yes / No (If yes, please specify):	
What activities does your child enjoy?	
Are there any factors that may affect your child's behavior (ex. close family member away, new arrival, etc.)? Yes / No (If yes, please specify):	

Please note: Registration fee is ₪450 (cash or check). Registration fee will be returned if we cannot offer your child a place or if your child is on our waiting list. Aside from this exception, the fee is non-returnable.